

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 117Primary Registration District No. 3016Registrar's No. 104

FILED MAR 18 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (if outside corporate limits, give TOWNSHIP only)

Jefferson City

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)

Charles E Still Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

MONTGOMERY

c. CITY

OR

TOWN

JONESBURG

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

NANNIE

Irene

McClure

4. DATE

OF DEATH

Month

MAR (3)

Day

14

Year

63

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

3/17/88

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

JONESBURG, Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Lafayette

13b. MOTHER'S MAIDEN NAME

Harmon Mary

13. NAME OF HUSBAND OR WIFE

Badger Otis H. McClure

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

Jefferson City, Mo. Mrs. Forrest Noble 246 Meadow Lane

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

72 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerosis

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11 Mar 63 to 14 Mar 63 and last saw her alive on 14 Mar 63Death occurred at 14 Mar 63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Miller D.O.

22b. ADDRESS

Jefferson City

22c. DATE SIGNED

15 Mar.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-17-63

23c. NAME OF CEMETERY OR CREMATORY

JONESBURG

23d. LOCATION (City, town, or county)

JONESBURG

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

L.A. Harding Jonesburg Mo.

25. DATE RECD. BY LOCAL REG.

15 March 1963

26. REGISTRAR'S SIGNATURE

R.D. Davis, M.D. - Richter, D.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl A. Harding

Licensed Embalmer No.

4115

P. O. Address

Jonesburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.